Table 1: Fiqh (Islamic Jurisprudence) & Medical Exemptions

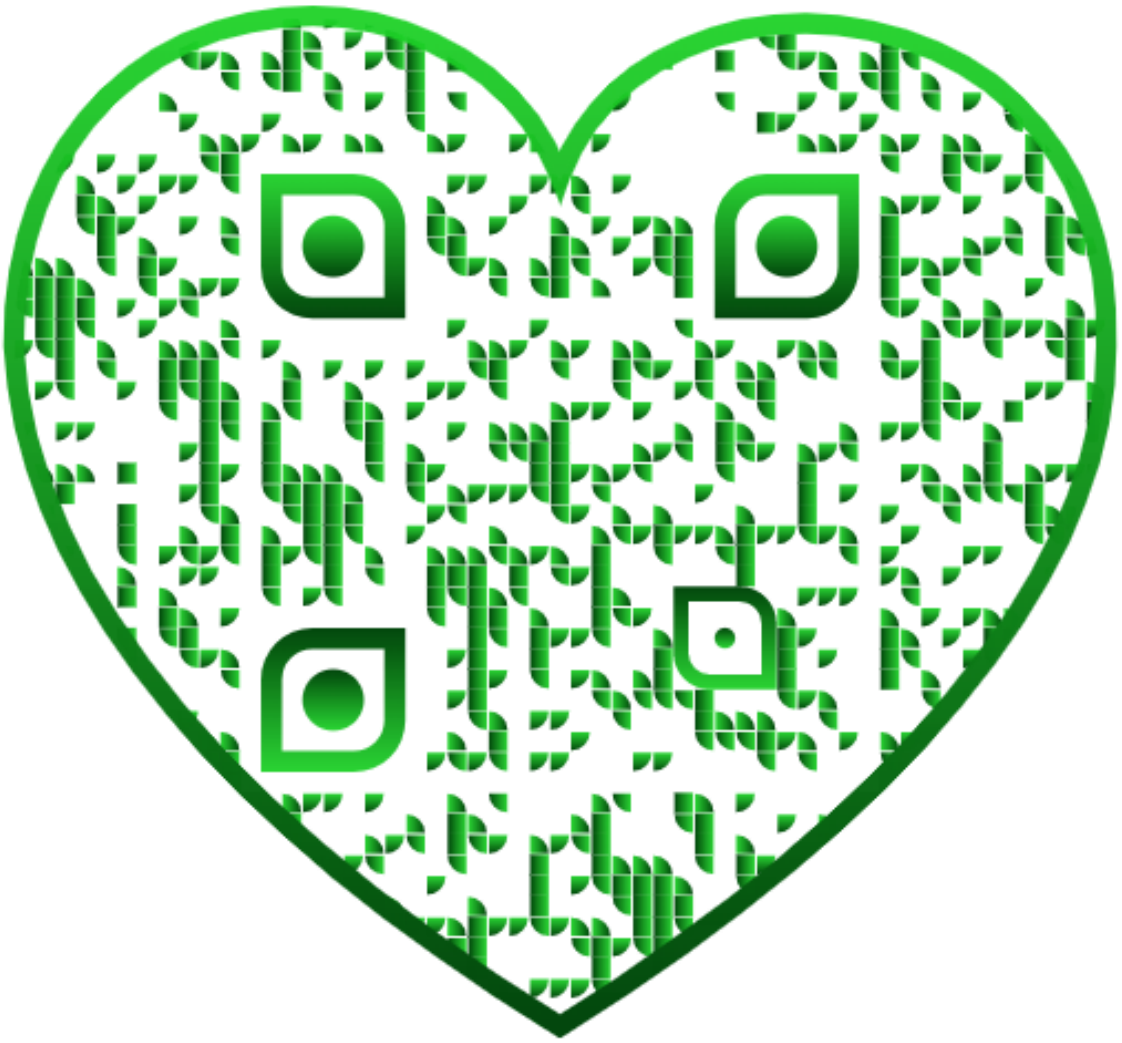
Route / Category	Clinical Application & Fasting Ruling
Oral & TPN	Invalidates the fast; includes all swallowed tablets, syrups, and Total Parenteral Nutrition.
Injections (IV, IM, SC)	Does not invalidate the fast, provided they are non-nutritive (e.g., Ceftriaxone, Insulin).
Topical, Eye & Ear Drops	Does not invalidate the fast, even if taste is felt in the throat.
Inhalers	Metered Dose Inhalers (MDI) and Dry Powder Inhalers (DPI) are generally permissible.

Clinical Notes for Table 1 (Risk Stratification):

- **Low Risk (Green):** Stable conditions like mild acne or latent TB; fasting is completely safe.
- **Moderate Risk (Amber):** Conditions like stable community-acquired pneumonia (CAP) or mild pyelonephritis; shared decision-making is required, and patients can break the fast if symptoms worsen.
- **High Risk (Red - *Rukhsah*):** Fasting is medically unsafe and religiously prohibited. Examples include severe sepsis (qSOFA $\ge$ 2), Diabetic Ketoacidosis (DKA) risk from foot infections, active GI bleeding, or severe dehydration.

Table 2: Pharmacokinetics (PK) & Food/Drug Interactions

Parameter	Effect During Ramadan & Clinical Strategy
Beta-Lactams	Time-dependent killing is severely compromised by the 15-hour daytime fasting gap. Avoid short half-life agents



	(e.g., Cephalexin QID). Switch to OD/BID dosing or Extended Release (XR) formulations.
Fluoroquinolones	Concentration-dependent killing makes them highly resilient to asymmetric fasting intervals. A massive single dose at Iftar maximizes bacterial kill rates.
Dairy / Calcium	Suhoor meals are often heavy in calcium (yogurt, milk), which chelates Fluoroquinolones and Tetracyclines, reducing absorption by up to 50%. Doses must be separated by at least 2 hours from dairy.
Khat Chewing	Common in regions like Yemen; tannins in Khat chemically bind to antibiotics (especially Ampicillin/Amoxicillin), drastically reducing bioavailability. Enforce a strict 2-hour window between taking the antibiotic and starting a Khat session.

Clinical Notes for Table 2:

- **Renal Dynamics:** Daytime dehydration activates the RAAS system, reducing urine flow and increasing specific gravity. This elevates the risk of crystalluria for drugs like Sulfonamides. Nighttime hydration (2.5L+) is non-negotiable.

- **Erythromycin Avoidance:** Strictly avoid prescribing this. It degrades in acidic environments, causes severe gastralgia on an empty stomach, and QID dosing is impossible during Ramadan.

Table 3: Respiratory Tract & Viral Infections

Indication	Preferred Ramadan Regimen	Alternative Regimen
Pharyngitis (Strep)	**Amoxicillin 1000mg** OD (at Iftar) OR **Cefadroxil 1g** OD.	**Azithromycin 500mg** OD for 3-5 days.
Acute Sinusitis	**Amox-Clav 875/125mg** BID (at Iftar & Suhoor).	**Levofloxacin 500-750mg** OD OR **Doxycycline 100mg** BID.
Pneumonia (CAP)	*Comorbid:* **Levofloxacin 750mg** OD OR **Moxifloxacin 400mg** OD.	*Healthy:* **Amoxicillin 1g** BID + **Azithromycin 500mg** OD.

Clinical Notes for Table 3:

- **Sinusitis Management:** Clavulanate is a GI irritant. Advise taking it exactly at the start of Iftar and end of Suhoor with a full meal to minimize diarrhea and subsequent dehydration.
- **Red Flags (Break Fast Immediately):** Quinsy (peritonsillar abscess) , Orbital cellulitis , CURB-65 $\ge$ 1, O2 sat < 92% , or persistent high fever >38.5°C.
- **Paxlovid Dysgeusia:** The metallic taste from Paxlovid does not break the fast, though it is unpleasant.

Table 4: Urinary & Gastrointestinal Infections

Indication	Preferred Ramadan Regimen	Alternative Regimen
Uncomplicated Cystitis		

	Fosfomycin 3g Single Dose (at Iftar).	**Nitrofurantoin (Macrobid) 100mg** BID (Iftar & Suhoor).
Gastroenteritis (Bacterial)	**Azithromycin 500mg** OD for 1-3 days.	**Ciprofloxacin 750mg** OD (at Iftar).
H. Pylori Eradication	**Levo Triple Therapy:** Levo 500mg OD + Amox 1g BID + PPI BID.	Standard therapy is poorly tolerated; Bismuth Quadruple (QID) is contraindicated.

Clinical Notes for Table 4:

- **H. Pylori "Split-Break" Protocol:** Proton Pump Inhibitors (PPIs) need active proton pumps (triggered by eating) but require time to absorb. Have the patient break the fast with a date/water and take the PPI, wait 15-20 minutes to pray, and then consume the main Iftar meal.

- **UTI Cautions:** Do not use Nitrofurantoin if CrCl < 30 mL/min. If using TMP-SMX for UTI, mandate 2.5L of nighttime water intake to avoid crystalluria.

- **Gastroenteritis Exemptions:** Severe vomiting or >3 loose stools per 24h falls under "Red Risk"—fasting must be broken to avoid acute kidney injury. Use Ondansetron ODT (dissolving tablets) to control nausea and facilitate nighttime hydration.

Table 5: Skin, Soft Tissue, & Dental Infections

Indication	**Preferred Ramadan Regimen**	**Alternative Regimen**
Cellulitis (Non-purulent)	**Cefadroxil 1g** OD OR **500mg** BID.	**Cephalexin 1000mg** BID (Iftar & Suhoor).
Cellulitis (MRSA	**TMP-SMX (DS) 1-2 tabs**	**Doxycycline 100mg** BID

Suspected)	BID (needs aggressive hydration).	(requires dairy separation).
Dental Abscess	**Amoxicillin 1g + Metronidazole 500mg** BID.	**Clindamycin 450-600mg** BID.

Clinical Notes for Table 5:

- **The Cephalexin Conundrum:** Standard QID dosing is impossible during Ramadan. Cefadroxil is pharmacokinetically superior due to a longer half-life, but a high dose of Cephalexin (1000mg) BID is an acceptable off-label compromise.
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- **Doxycycline Warning:** Causes photosensitivity. Advise fasting patients to use sun protection if going outdoors during the day.

- **Red Flag (Diabetic Foot):** Diabetic patients with foot infections face a double hit of infection-induced hyperglycemia and fasting-induced dehydration. This is a limb-threatening "Red Risk" state, and fasting is contraindicated.